



CDC Update: CDC summary of confirmed cases of anthrax and background information

October 23, 2001/3:00 PM, ET
Contact: CDC, Media Relations
(404) 639-3286

CDC-confirmed cases of anthrax

Based on a rigorous case definition, CDC is reporting 11 confirmed cases of anthrax: 2 in Florida, 3 in New York, 2 in New Jersey, and 4 in Washington, D.C. (in collaboration with MD and VA). These cases include the two deaths recently reported in Washington, D.C. Both cases were proven, through laboratory testing, to be cases of inhalation anthrax. One additional case has been reported by the New York City Department of Health. CDC is conducting additional tests to fully confirm this 12th case.

CDC defines a confirmed case of anthrax as 1) a clinically compatible case of cutaneous, inhalational, or gastrointestinal illness that is laboratory confirmed by isolation of *B. anthracis* from an affected tissue or site or 2) other laboratory evidence of *B. anthracis* infection based on at least two supportive laboratory tests.

Background

- Anthrax is NOT contagious from one person to another. Family members and contacts of persons who work in or visited sites where exposure occurred are not at risk and antibiotic therapy is not recommended for them. Other members of the community are not at risk. Public health officials, together with the FBI, are continuing the investigation.
- Inhalation anthrax is the most serious and rare form of human anthrax. It occurs when a person breathes a large number of anthrax spores that are in the air. Initial symptoms may resemble the common cold (including fever, muscle aches, and fatigue). After several days, symptoms may progress to severe breathing problems and shock. If left untreated, inhalation anthrax can be fatal.
- Cutaneous (skin) anthrax is different from inhalation anthrax. A cutaneous infection due to anthrax can occur if the spores are in contact with an area of skin that is not intact, such as a cut or sore. Cutaneous anthrax is marked by a boil-like lesion that eventually forms an ulcer with a black center. The cutaneous forms respond well to antibiotics if treatment is started soon after symptoms appear.
- For people with suspected anthrax disease, laboratory testing is essential to diagnosis. Tests may include:
 - Cultures of blood and spinal fluid (should be done before antibiotic treatment has been initiated)
 - Cultures of tissue or fluids from affected areas.
 - Microscopic examination of tissue.
 - PCR (polymerase chain reaction) test that amplifies trace amounts of DNA to document that the anthrax bacteria is present.
- Antibiotics are an effective treatment if the disease is diagnosed early on; but anthrax can be fatal if left untreated.

- The Centers for Disease Control and Prevention continues to work with state and local health departments, law enforcement officials, and other federal agencies to investigate incidents of possible anthrax exposures around the United States. In Atlanta, CDC officials continue to work out of a 24-hour Operations Center. The Operations Center staff is also responding to hundreds of calls each day from the public. CDC has dispatched more than three dozen employees to Florida, New York City, or Washington, D.C. More than 50 CDC laboratories have processed hundreds of specimens.

For the latest update on CDC activities and on-going anthrax investigations visit www.bt.cdc.gov or www.cdc.gov/od/oc/media